

Investing in the Future: Reforming Public Policy to End Undernutrition in India

Despite substantial economic growth, India still has one of the highest undernutrition rates in the world. Because of its large population, India is home to almost 40 per cent of the world's stunted children. To date extensive public policy initiatives such as the Integrated Child Development Services and the Public Distribution System together with the considerable improvements in their implementation have not significantly altered the situation. The National Food Security Act of 2013 holds promise, but in order to tackle the monumental challenge of reducing undernutrition in India, significant reform in public policy interventions is required.

A considerable increase in economic growth over the past decade and a sharp decline in poverty rates in India have not translated into an equivalent decline in undernutrition. A recent World Bank report, *Nutrition in India*, states that child undernutrition costs the country about US\$12bn amounting to around 2-3 per cent of its GDP (World Bank 2014). Although there have been modest improvements, such as the decline of the Indian population who are underweight from 41.9 per cent (2004-05) to 37.2 per cent (2011-12) according to the Indian Human Development Survey (IHDS), this is no cause for celebration as the absolute and proportional numbers of undernourished children remains very high.

Absence of credible, timely and regular data has created considerable delays in developing appropriate policy responses. As of now, the only nationwide data regarding child and maternal undernutrition were collected

in 2005-06. More recent nutritional data from surveys such as Annual Health Survey (for 9 critical states where undernutrition rates are highest) and nationwide Rapid Survey of Children from 2013 have not been publicly released. At the national level, up-to-date data on undernutrition is needed to create a solid evidence base, track the success of policy initiatives, and ensure transparency and accountability in implementing public policies. Individual specific data at local level is also required to identify target beneficiaries and consistently monitor progress. Incentivising data collection is critical for frontline workers such as Anganwadi workers (Anganwadi Centres are under the Integrated Child Development Services (ICDS) programme) accredited social health activist (ASHA) workers and Auxilliary Nursing Midwives (ANMs) to see regular data collection as an interesting and useful activity. It is important that efforts are focused on building the knowledge and skills of these groups of workers to be able to

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collect this undernutrition data. Producing and sharing this vital data would enable civil society to monitor progress and play an active role in supporting the Government to curb undernutrition.

While there is a critical difference between hunger and malnutrition, a common feature of both can be the low or decreasing amount of calories consumed by a person. In India, rates of calorific consumption have declined despite growing incomes. This might have come about because of changing dietary needs, however, rising food prices and inequality signal a more insidious link to nutritional vulnerability. As presented within the Global Hunger Index, India is home to 230 million hungry and malnourished people (IFPRI 2014).

Low dietary diversity, despite growing incomes, is intertwined with a shortfall of micronutrients in the Indian diet, thereby creating negative malnourishment outcomes that are continued across generations. For example, the National Family Health Survey (NFHS – III) reveals that 70 per cent of children under 5 and 56 per cent of women of reproductive age suffer from some form of anemia. In addition, lack of knowledge regarding infant feeding and wide scale prevalence of infectious diseases such as diarrhea create a vicious cycle between low intake of nutritious food and sustained level of poor nutrition. Conditions of low water quality and lack of sanitation facilities combined with a weak health system to make a potent challenge to public policies attempting to tackle malnutrition in a sustained way. The significance of Water, Sanitation and Hygiene (WASH) and especially the problem of open defecation in areas with high population density, leading to a range of faecally transmitted infections is huge - trapping people into vicious cycle of poverty and undernutrition.

Existing policy responses

India has long-standing programmes aimed at addressing undernutrition. But since the inception of these programmes, successive governments have been complacent on the issue of undernutrition, raising serious

Persistent causes of undernutrition

The causes of undernutrition and its persistence are multifaceted, complex and intertwined. Poor dietary intake is linked both to social norms such as intra household division of work and resources, and to levels of poverty. Water borne diseases arising out of poor and inaccessible water supply add to increased drudgery of household chores and the increase in the care burden on women and girls, making them even more susceptible to being malnourished. This in turn perpetuates the intergenerational cycle of undernutrition, and is exacerbated by a lack of sanitation and healthcare facilities and infrastructure to prevent and address the widespread infectious diseases affecting the population.

questions about the commitment of Indian policymakers to this issue.

Through its community-based Anganwaadi Centres (AWCs), the ICDS programme offers universal integrated services including health, nutrition and hygiene education to mothers; and supplementary nutrition, immunisation and health checkups for all children under the age of 6 and for pregnant and nursing mothers. Initially begun as a program directed at poor households, following decisions by the Indian Supreme Court in 2001 and 2004, the ICDS is now meant to be universally available. Nonetheless, studies based on household utilisation of ICDS services finds poor outreach. Consequently, while the ICDS programme has immense potential in providing quality services and reducing malnutrition, its effectiveness is severely compromised because of poor implementation. Improved focus on aspects such as appropriate targeting, adequate infrastructure, recruitment and training of frontline staff across both ICDS and the Government's Health Department are vital.

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Also, the ICDS' food-based interventions disregards other important issues that also contribute to undernutrition, such as improper feeding of young children, access to health services and clean drinking water, sanitation, infection and inappropriate gendered social norms.

Additionally India's Public Distribution System (PDS) has been instrumental in protecting its citizens from food shortages and producers and traders from price fluctuations through provision of cereals. The criticisms of the PDS are around regional and operational inequalities and its failure to extend its reach to those living below the poverty line. Subsequently, the Targeted Public Distribution System (TPDS) was introduced. However, the food distribution system continues to face leakages and implementation problems. Targeting in public distribution system is done by issuing cards to households identifying them as being below poverty line (BPL) or being poorest of the poor (Antyodaya Anna Yojana Cards). These entitle them to subsidised grains. However, a substantial proportion of the poor do not have BPL or Antyodaya cards. Conversely, a substantial proportion of the non-poor have access to BPL cards. In spite of a variety of efforts aimed at improving targeting, this remains an intractable problem. Most significantly, there are questions about whether increased access to grains/ cereals automatically translates into substantial nutritional gains. This debate is also prevalent in the case of the Mid-Day Meal Scheme (MDMS). The tenuous link between direct food interventions and nutritional status again points to the importance of interventions from across sectors to address the problem of undernutrition in the country rather than only providing food grain. Still, it needs to be remembered that alongside intervention from multiple sectors the provision of food grain maintains a critical intervention in prevention of hunger amongst a vast majority of undernourished people.

Mainly driven by citizen action, there have been efforts to improve the effectiveness of the PDS. As a result of much debate and discussion amongst civil society and various Government ministries a series of rulings by

the Supreme Court relating to the 'Right to food' Public Interest Litigation (PIL), the National Food Security Act (NFSA) have been introduced. While the NFSA was envisaged as a national level apparatus designed to implement nutrition specific interventions and bring together ongoing welfare schemes, the nutrition focus has been diluted in the final Act. The Act leaves open the door for cash transfers, despite there being only weak established links between cash and nutritional outcomes in an Indian context. The implementation of policies and programmes under the NFSA has been marred by a sense of laxity and inaction from the previous and current governments. It has been more than a year since the NFSA was passed but those supposed to benefit from the Act are yet to be identified and the deadline for implementation has been postponed twice within a year. Furthermore, the 2014-15 budget allocation for the NFSA is nowhere close to what is required to implement it across the country. From a nutritional perspective, the lack of children's right to food, and unimplemented maternity entitlement work against efforts to tackle the severe scale of the problem of undernutrition.

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Policy recommendations

- **Governance of nutrition programmes both at national and grassroots level needs to be strengthened.** The Government needs to show commitment through ensuring that the NFSA is implemented immediately. Leadership through the setting up and the operationalisation of a national Nutrition Mission, and responsiveness to make tackling undernutrition at scale a national priority are urgently required. Existing spending also has to work better for nutrition. The proper implementation of public policies requires appropriate and adequate staffing at both frontline and higher levels. Training, incentivising and motivating frontline workers to deliver effective and high quality services is critical to effective programme delivery. Putting in transparency and accountability measures (such as community scorecards) will curb leakages and ensure that benefits reach the most vulnerable.
- **Need for credible, timely and regular data.** Regular data collection, and more importantly, public release of results, is required to develop timely responses. Delay in the release of the Socio-economic Caste Census in order to identify those that need to benefit from the Act the most, under the NFSA, for example, has created unacceptable delays in its implementation.
- **Making public policies universal and more nutrition sensitive.** The NFSA provides an excellent opportunity to bolster the food security of poor people in India, but needs to be linked more closely to their nutritional security. For maximum nutrition effect, programmes like the NFSA need to focus on the first 1000 days of life - from conception to the end of the second year; and on the nutrition status of adolescent girls. Diversifying food packages, through inclusion of pulses, millets and oils is important to improve nutrition. Incorporating supplementary public policies dealing with agricultural production, storage and transport is key as part of a wider package of nutritional interventions.
- **Identifying and working across different sectors to address undernutrition.** There needs to be coordination between different government departments and ministries, donors and other non-state actors in order to build a comprehensive and robust effort in tackling undernutrition. Greater convergence between public policies and programmes such as ICDS, PDS, MDMS, National Rural health Mission, and Swachha Bharat Abhiyan through unified coordination bodies, integration of workplans and creating joint budget lines will be essential. At the same time, convergence and coordination between front line workers and linking them to the local Panchayati Raj institutions would provide a cost effective opportunity to address undernutrition.
- **Recognising and addressing gender disparities within the family, and caste based discrimination.** While behaviour change is important for success of public policies, efforts for behaviour change cannot be directed only at women and girls. There needs to be a more nuanced analysis of gender dynamics, both in terms of division of responsibilities, as well as resource allocation within the family. Unequal distribution of care responsibilities towards the women may compromise the effect that nutrition policies have on women and constrain their time for adequate uptake of nutritional interventions for themselves and their children. Both gender and caste dynamics have limited the impact of nutritional interventions in the long run, while policies need to be more sensitive to existing inequalities in the short run.



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Further reading

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Credits

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